

| (Please Print Clearly) | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|--|
| CREDIT APPLICATION | | | Program No | | | | |
| Purpose of loan | | | \$ | Amount requested | % Rate % | Months | |
| APPLYING FOR CREDIT | | | INDIVIDUAL | □ JOINT | | | |
| | APPLICA | NT | | | CO-APPLICANT | | |
| Driver's License | Issue Date Expiration | | | Driver's License | Issue | Issue Date | |
| | | | | | Expiration | | |
| Social Security Number Date of Birth | | | Social Security Number | Date of Birth | | | |
| Home Phone Number () | Cell Ph (| one Number) | | Home Phone Number () | Cell Phone Number () | - | |
| First Name | Middle | Last Name | | First Name | Middle Last Na | ime | |
| Street Address | | | | Street Address | | | |
| City | State | Zip Code | | City | State Zip Co | ode | |
| Monthly Mortgage Payment \$ | Home Value \$ | Time at Residence Yrs. Mos. | | Present Employer | City | /State | |
| Mortgage Company | | ☐ Own ☐ Rent | | Occupation | Work Phone Numbe () | r | |
| Previous Residence (if above is | less than two years) | Time at Residence Yrs. Mos. | | Gross Monthly Salary \$ | Len Yrs. | gth of Employment Mos. | |
| Present Employer | | City/State | | Alimony child support or seperate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayinf this obligation. | | | |
| Occupation | Work P (| hone Number) | | Other Income / Source | Moi \$ | nthly Amount | |
| Gross Monthly Salary \$ | | Length of Employment Yrs. Mos. | | | | | |
| Previous Employer | | City / State | | PERSONAL REFERENCES (Not Living With You) | | | |
| Phone Number () | | Length of Employment Yrs. Mos. | | Name | | | |
| Alimony child support or seperate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayinf this obligation. | | | Relationship | Phone Number () | | | |
| Other Incomes / Source | | Monthly Amount \$ | | Name | | | |
| Has applicant declared Bankre | uptcy? | Date Filed | | Relationship | Phone Number () | | |
| Credit References | | | | Name | | | |
| Email Address | | | | Relationship | Phone Number () | | |
| | | | | | | | |

By Signing this application you promise all information is true and complete. You intend the seller and/or assignee to rely upon these promises in deciding whether or not to extend credit to you. You authorize a full investigation and release of your credit record and your employment history. You also authorize the seller and/or assignee to release information about credit experience with them. You consent to receiving autodialed message calls from us or our agents on your wireless phone.

CREDIT REPORT NOTICE: We may request a credit report for any legitimate purpose associated with your application for credit, extending credit, modifying the terms of your credit agreement, or collection on your account. On your request we will inform you if such a report was ordered and will give you the name and address of the credit reporting agency that furnished the report.

| Dealer: | Applicant Signature: | | | | | |
|----------------------------------------------------------------------------------|-------------------------|--|--|--|--|--|
| Dealer Dan | Date: | | | | | |
| Dealer Rep: | | | | | | |
| | Co-Applicant Signature: | | | | | |
| ALKAVIDA, INC. | Date: | | | | | |
| 25070 Avenue Tibbetts Valencia, CA 91355 Tel. (661) 257-1313 Fax. (661) 294-6861 | | | | | | |